

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 032800001	(CITY OR TOWN	EAST LON	IGMEADOW
APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	ME: HOLY TRINITY I	HOME ASSOC. INC.			
DOING BUSINE	ESS A				
ADDRESS 26 B	ALDWIN STREET				
CITY/TOWN:	EAST LONGMEADOW	STATE: MA	ZIP CODE:	01028	
	MURPHY, TYI DANIEL J.	PE OF LICENSE: Club	C	CATEGORY:	All Alcohol
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		
	OF LICENSED PREMIS				
OFFICE, LAVA	LDG CONSISTING OF I TORIES AND KITCHE OF AN OFFICE,BAR AN	N TOGETHER WITH			
I hereby certify a	and swear under penalties	of perjury that:			
1. the re	newed license will be of	the same type for the s	ame premises nov	v licensed;	
2. the lie	censee has complied with	all laws of the Commo	onwealth relating	to taxes; and	
3. the pr	remises are now open for	business (If not explai	n below)		
SIGNED BY	Individual, Partner	or Authorized Corpor	ate Officer		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT	
			(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, sig	gned, attest that we are gned by the building ins and (2) the certificate of	spector and the head	of the fire depart	ment for the	above
Please Check Below	<u>:</u>		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	expiaiii)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2:032800004		CITY OR TOWN	EAST LONG	GMEADOW
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 201	13
		CLASS		Y	YEAR
LICENSEE NAME:	GUNTHER-ROWLE	Y POST #293 TH	E AMERICAN LEG	ION, INC.	
DOING BUSINESS	A				
ADDRESS 3 LEGIC	ON COURT				
CITY/TOWN: EAS	T LONGMEADOW	STATE: MA	ZIP CODE:	01028	
MANAGER: TIDL	LUND, BRIAN TYPE	OF LICENSE: Ve	terans club CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF TWO STORY HOUSE I hereby certify and so 1. the renew 2. the license	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE. SE, WOOD FRAME. Converse under penalties of ed license will be of the ee has complied with all sess are now open for but Individual, Partner or	S: ELLAR, FIRST F perjury that: e same type for the l laws of the Commissiness (If not expl	same premises now monwealth relating to ain below)	licensed;	
Acts of 2004, signed	TELEPHONE I d, attest that we are in d by the building inspe (2) the certificate of lice	possession (1) th	(Note: <u>NOT</u> Independence (NOTE) Indep	ed by Chapte nent for the a	r 304 of the
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHO	PRITY
DATE:					



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LICENSE NUMBEI	R: 032800007		CITY OR TOWN	EAST LON	GMEADOW
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	A THE MEADOWS				
ADDRESS 621 NO.	. MAIN ST.				
CITY/TOWN: EAS	ST LONGMEADOW ST	TATE: MA	ZIP CODE:	01028	
	ELHO, TYPE OF NUEL R.	LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EN	IAIL ADDRESS		•
	LICENSED PREMISES:				
	ГСНЕN, STORAGE,BANQ STORAGE,UTILITIES,BUI		AND SEPARATE T	OILET FAC	ILITIES;
I hereby certify and	swear under penalties of per	jury that:			
	ved license will be of the sar		=		
	see has complied with all lav		<u> </u>	o taxes; and	
3. the premi	ises are now open for busine	ess (If not expla	in below)		
SIGNED BY					
SIGINED DI	Individual, Partner or Au	thorized Corpo	rate Officer		
DATE:	TELEPHONE NUI	MBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	lividual Social So	ecurity Number)
Acts of 2004, signe	ed, attest that we are in posed by the building inspector (2) the certificate of liquor	r and the head	of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aiii)				
DATE:					



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LICENSE NUMBER: 032800008	(CITY OR TOWN	EAST LON	GMEADOW
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: PASQUALE'S ASSOCI	ATES, LLC			
DOING BUSINESS A PASQUALE'S RISTO	RANTE			
ADDRESS 642-44 NO. MAIN ST.				
CITY/TOWN: EAST LONGMEADOW S	STATE: MA	ZIP CODE:	01028	
MANAGER: TORCIA, TYPE OI MICHAEL	F LICENSE: Resta	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
ONE STORY BLDG; FIRST FLOOR, DINING TOILETS; CELLAR FOR STORAGE	G ROOM,BAR R	OOM, KITCHEN,	OFFICE, TV	WO
I hereby certify and swear under penalties of pe	erjury that:			
1. the renewed license will be of the sa		=		
2. the licensee has complied with all la		· ·	taxes; and	
3. the premises are now open for busing	iess (If not explai	n below)		
OVENIED DV				
SIGNED BY Individual, Partner or A		ot o Office		
individual, i didict of fi	uthorized Corpor	ate Officer		
individual, i di dici di ili	uthorized Corpor	ate Officer		
marriada, 1 action of 11	uthorized Corpor	ate Officer		
DATE.			IDENTIFICAT	ION NUMBER:
DATE.	UMBER: ossession (1) the or and the head	EMPLOYER (Note: NOT Ind	ividual Social S	ecurity Number) er 304 of the above
DATE: TELEPHONE NU We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of lique of 2010. Please Check Below:	UMBER: ossession (1) the or and the head	EMPLOYER (Note: NOT Ind	ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts
DATE: TELEPHONE NU We the undersigned, attest that we are in pe Acts of 2004, signed by the building inspect named license and (2) the certificate of lique of 2010. Please Check Below: APPROVED:	UMBER: ossession (1) the or and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs ance required by 0	ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts
DATE: TELEPHONE NU We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of lique of 2010. Please Check Below: APPROVED: DISAPPROVED:	UMBER: ossession (1) the or and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs ance required by C	ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts
DATE: TELEPHONE NU We the undersigned, attest that we are in pe Acts of 2004, signed by the building inspect named license and (2) the certificate of lique of 2010. Please Check Below: APPROVED:	UMBER: ossession (1) the or and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs ance required by C	ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts
DATE: TELEPHONE NU We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of lique of 2010. Please Check Below: APPROVED: DISAPPROVED:	UMBER: ossession (1) the or and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs ance required by C	ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts



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	(CITY OR TOWN	EAST LON	GMEADOW
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: BOWL NEW ENGL	AND INC			
DOING BUSINESS A SHAKER BOWL I	LOUNGE			
ADDRESS 168 SHAKER RD				
CITY/TOWN: EAST LONGMEADOW	STATE: MA	ZIP CODE:	01028	
MANAGER: Godfrey, Justin TYPE	E OF LICENSE: Resta	urant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB		IL ADDRESS		
DESCRIPTION OF LICENSED PREMISE				
ONE ROOM 1,000SQFT WITH COMFPR CONTIGUONS TO THE REAR OF THE I SQFT. TWO ENTRANCES EXITS, NO B.	BLOWING LANES,	STORAGE SPAC		
I hereby certify and swear under penalties o	of perjury that:			
1. the renewed license will be of th	e same type for the sa	ame premises now	licensed;	
2. the licensee has complied with a		_	taxes; and	
3. the premises are now open for be	usiness (If not explain	ı below)		
SIGNED BY Individual, Partner o	r Authorized Corpora	nte Officer		
DATE: TELEPHONE	 NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	n possession (1) the eector and the head e	(Note: NOT Indicertificate require of the fire departm	vidual Social So	er 304 of the above
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li	n possession (1) the eector and the head e	(Note: NOT Indicertificate require of the fire departm	vidual Social So d by Chapto nent for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	n possession (1) the eector and the head e	(Note: <u>NOT</u> Indicertificate require of the fire department of the required by (vidual Social So d by Chapto nent for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the eector and the head e	(Note: NOT Indicertificate require of the fire departmented by Carlo LOCAL LICENS)	vidual Social So d by Chapto nent for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	n possession (1) the eector and the head e	(Note: NOT Indicertificate require of the fire departmented by Carlo LOCAL LICENS)	vidual Social So d by Chapto nent for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the eector and the head e	(Note: NOT Indicertificate require of the fire departmented by Carlo LOCAL LICENS)	vidual Social So d by Chapto nent for the Chapter 116	er 304 of the above of the Acts



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LICENSE NUMBER: 032800010)	CITY OR TOWN EAST LO	NGMEADOW
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: KAYANT	INCORPORATED		
DOING BUSINESS A THE PIZ	ZA SHOPPE		
ADDRESS 134 SHAKER RD.			
CITY/TOWN: EAST LONGME	EADOW STATE: MA	ZIP CODE: 01028	
MANAGER: GIUGGIO,ANTH NY R.	O TYPE OF LICENSE:R	estaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED			
TWO ROOMS, DINING ROOM AB SERVED ONLY AT DINING OUTSIDE THE RESTAURANT	G TABLES. NO ADVERTI		
I hereby certify and swear under p	penalties of perjury that:		
	* 1	e same premises now licensed;	
1		monwealth relating to taxes; and	
3. the premises are now of	open for business (If not exp	plain below)	
SIGNED BY Individual,	, Partner or Authorized Corp	oorate Officer	
DATE: TELL	EPHONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certif of 2010.	ding inspector and the hea	ad of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		Ву:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUM	IBER: 032800011		CITY OR TOWN	EAST LON	GMEADOW
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
	ME: Frigo Food Products Sale ESS A Frigo's Gourmet Foods SHAKER RD	es, Inc			
		ΓΑΤΕ: MA	ZIP CODE:	01028	
		LICENSE: Res		ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EN	MAIL ADDRESS		
TWO FLOORS CELLAR, FROI RESTRICTION ADVERTISING	OF LICENSED PREMISES: . 1ST FLR; KITCHEN AND TV NT EXIT, SIDE ENTRANCE A S; AB TO BE CONSUMED BY G VISIBLE FROM OUTSIDE T	AND EXIT. 2N Y PATRONS O THE RESTAU	D FL FUNCTION FOR DIVING '	ROOM.	
•	and swear under penalties of per	•			
	enewed license will be of the sar	• •	•		
	censee has complied with all law remises are now open for busine		C	taxes; and	
s. tile p	remises are now open for busine	ess (II not explo	ani below)		
SIGNED BY	Individual, Partner or Au	thorized Corpo	orate Officer		
DATE:	TELEPHONE NUI	MBER:	EMPLOYER (Note: NOT Ind	LIDENTIFICATI	
Acts of 2004, s	igned, attest that we are in posigned by the building inspecto and (2) the certificate of liquo	r and the head	l of the fire departr	nent for the	above
Please Check Below APPROVED: [DISAPPROVEI] (If disapproved	D:		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800012		CITY OR TOWN	EAST LONGMEADOW
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ELMCREST INC.			
DOING BUSINESS A			
ADDRESS 105 SOMERSVILLE RD.			
CITY/TOWN: EAST LONGMEADOW	STATE: MA	ZIP CODE:	01028
MANAGER: HABERERN, JOHN TYPE C E.)F LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:	_		
PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES			
LOWER LEVEL; NINETEENTH HOLE LO MAIN DINING HALL,LOUNGE,DINING H			I. UPPER LEVEL;
I hereby certify and swear under penalties of I	perjury that:		
1. the renewed license will be of the	same type for the	same premises now	licensed;
2. the licensee has complied with all	laws of the Comn	nonwealth relating to	taxes; and
3. the premises are now open for bus	iness (If not expla	in below)	
SIGNED BY		O.C.	
Individual, Partner or A	Authorized Corpo	rate Officer	
DATE			
DATE: TELEPHONE N	UMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
		(Note: <u>NOT</u> Indi	vidual social security (vullber)
We the undersigned, attest that we are in pacts of 2004, signed by the building inspect named license and (2) the certificate of liquof 2010.	tor and the head	of the fire departn	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER	R: 032800013		CITY OR TOWN	EAST LON	GMEADOW
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	ITAL.AMER.WAR VE	ETS.U.S.SISTO	LOMBARDI POST#	1 64	
DOING BUSINESS	A				
ADDRESS 213 VIN	ELAND AVE.				
CITY/TOWN: EAS	ST LONGMEADOW	STATE: MA	ZIP CODE:	01028	
MANAGER: LUC	EY, DENIS TYPE C	F LICENSE: Ve	terans club CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISES:				
	G WITH SPLIT BASEME D 2 LADIES ROOMS. S				
I hereby certify and s	swear under penalties of p	erjury that:			
	red license will be of the s	• •	-		
	ee has complied with all l		_	taxes; and	
3. the premi	ses are now open for busi	ness (If not expl	ain below)		
SIGNED BY	Individual, Partner or A	Authorized Corn	orata Officar		
	marvidual, rathlet of F	aumorizeu Corpo	orate Officer		
DATE:			EMPLOYED	IDENTIFICAT	ION NUMBER:
DATE.	TELEPHONE N	UMBER:	(Note: NOT Ind		
					,
Acts of 2004, signed	d, attest that we are in p d by the building inspec (2) the certificate of liqu	tor and the head	d of the fire departn	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	-:				
(If disapproved expla	1111)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 032800014		CITY OR TOWN	EAST LON	IGMEADOW
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 31 HAR	S A TAO'S ASIAN C	UISINE			
	ST LONGMEADOW	STATE: MA	ZIP CODE:	01028	
MANAGER: TAC		PE OF LICENSE:			All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOU	R EMAIL ADDRESS		J
SINGLE STORY B KITCHEN WITH E	LICENSED PREMIS LDG CONSISTING (EXIT. ENTRANCE OF swear under penalties	OF DINING ROOM N SOUTH SIDE O	M,RECEPTION AREA OF BLDG	A,2 REST RO	DOMS,
2. the licens		all laws of the Co	he same premises now mmonwealth relating to plain below)		
SIGNED BY	Individual, Partner	or Authorized Con	rporate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
Acts of 2004, signe	ed by the building ins	spector and the he	the certificate require ead of the fire departi surance required by	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 032800016		CITY OR TOWN	EAST LO	NGMEADOW
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		QUORS			
ADDRESS 199 NOR	TH MAIN ST				
CITY/TOWN: EAS	Γ LONGMEADOW	STATE: MA	ZIP CODE:	01028	
MANAGER: COLI L.	INS, JANET TYPE	E OF LICENSE: Pa	ckage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I					
MONITOR BLDG W I hereby certify and sv			LAVATORIES ON	E OFFICE	
2. the license	ed license will be of the e has complied with a es are now open for b	ll laws of the Com	monwealth relating		
SIGNED BY	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:			ΓΙΟΝ NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 032800017		CITY OR TOWN EAST LC	DNGWEADOW
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	KINNE & SONS, I	NC		
DOING BUSINESS	A CITY LINE PAC	KAGE STORE		
ADDRESS 650 NO	RTH MAIN ST			
CITY/TOWN: EAS	ST LONGMEADOW	STATE: MA	ZIP CODE: 01028	
MANAGER: KIN	NE, CORBIN TYP	PE OF LICENSE: Pac	kage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:		-		
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	LICENSED PREMIS			
L SHAPED MONIT	OR BLDG OF APPR	OX 2500 SQ FT; SA	LES AREA AND STORAGE	AREA
I hereby certify and	swear under penalties	of perjury that:		
1. the renew	ved license will be of	the same type for the	same premises now licensed;	
2. the licens	see has complied with	all laws of the Comm	nonwealth relating to taxes; and	l
3. the premi	ises are now open for	business (If not expla	in below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVED: [·	
(If disapproved expl	ain)			
DATE				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800018		CITY OR TOWN	EAST LONGMEADOW
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: TUDOR HOUSE DI	SCOUNT LIQUO	ORS, INC.	
DOING BUSINESS A			
ADDRESS 161 SHAKER RD			
CITY/TOWN: EAST LONGMEADOW	STATE: MA	ZIP CODE:	01028
MANAGER: CHAMPAGNE, TYPE HENRY E.	E OF LICENSE: Pa	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
CINDER BLOCK BLDG; ONE FLOOR N STORAGE ROOM; TWO BATHS	O BASEMENT; O	ONE SHOW ROOM A	AND ONE
 the renewed license will be of th the licensee has complied with a the premises are now open for b 	all laws of the Com	nmonwealth relating to	
SIGNED BY Individual, Partner of	or Authorized Corp	oorate Officer	
DATE: TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NUMBER: 03	52800024		CITY OR TOWN	EAST LON	IGMEADOW
APPLICATION FOR RI	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: CO	OAST TO COAST R	ESTAURANT, 1	NC.		
DOING BUSINESS A	VILLA NAPOLETA	NA			
ADDRESS 666 NORTH	I MAIN ST				
CITY/TOWN: EAST L	ONGMEADOW	STATE: MA	ZIP CODE:	01028	
MANAGER: DiGIOV.		OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR E	MAIL ADDRESS		1
DESCRIPTION OF LIC					
1764 S.F. OF RETAIL S SPACE TOTAL S.F. 352		TRANCE IN FR	ONT & 1 TO REA	R. VACANT	RETAIL
I hereby certify and swea	r under penalties of	perjury that:			
1. the renewed l	icense will be of the	same type for the	same premises now	licensed;	
2. the licensee h	as complied with all	laws of the Com	nonwealth relating t	o taxes; and	
3. the premises a	are now open for bus	iness (If not expl	ain below)		
SIGNED BY					
In	ndividual, Partner or A	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	UMBER:		R IDENTIFICAT	
			(Note: NOT Inc	lividual Social S	ecurity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building inspec	tor and the hea	l of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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	CITY OR TOWN	EAST LONGMEADOW
Annual	LICENS	SED FOR 2013
CLASS		YEAR
Γ		
STATE: MA	ZIP CODE:	01028
E OF LICENSE:Res	taurant CA	TEGORY: All Alcohol
BSITE AND ENTER YOUR EN	IAIL ADDRESS	
ES:		
EE ROOMS, 1 BAT	HROOM, ROOM FO	OR STORAGE AND
of perjury that:		
he same type for the	same premises now l	icensed;
all laws of the Comn	nonwealth relating to	taxes; and
ousiness (If not expla	in below)	
or Authorized Corpo	rate Officer	
E NUMBER:		IDENTIFICATION NUMBER:
	(Note: NOT Indi	vidual Social Security Number)
pector and the head	of the fire departm	ent for the above
	LOCAL LICENSI	NG AUTHORITY
	By:	
	CLASS T STATE: MA E OF LICENSE: Res BESITE AND ENTER YOUR EM ES: EE ROOMS, 1 BATT of perjury that: the same type for the all laws of the Commousiness (If not explain or Authorized Corpo E NUMBER: in possession (1) the pector and the head	Annual LICENS CLASS T STATE: MA ZIP CODE: E OF LICENSE: Restaurant CA BESITE AND ENTER YOUR EMAIL ADDRESS ES: EE ROOMS, 1 BATHROOM, ROOM FO of perjury that: the same type for the same premises now be all laws of the Commonwealth relating to business (If not explain below) or Authorized Corporate Officer E NUMBER: EMPLOYER (Note: NOT Indicate required pector and the head of the fire departmental in possession (1) the certificate required pector and the head of the fire departmental in possession (1) the certificate required by CLOCAL LICENSI



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 032800027		CITY OR TOWN	EAST LON	IGMEADOW
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: JAY SHREE GANES	SH, INC.			
DOING BUSIN	NESS A COUNTRYSIDE ST	TORE			
ADDRESS 334	4 SOMERS ROAD				
CITY/TOWN:	EAST LONGMEADOW	STATE: MA	ZIP CODE:	01028	
MANAGER:	PATEL,RAMESHB TYPE HAI	OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
	N OF LICENSED PREMISE				
) sq ft retail space, 50 sf for s		430 sf of a 2000 sf ba	asement	
•	and swear under penalties of renewed license will be of the		a sama pramisas now	licensed:	
	licensee has complied with al		=		
	premises are now open for bu		•	, turios, una	
SIGNED BY					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE.					
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER:
			(1106. <u>1101</u> ma	ividuai Sociai S	ceurity (vumber)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVE			By:		
(If disapproved					
· FF	. /				
DATE:					
			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800029		CITY OR TOWN EAST	LONGMEADOW
APPLICATION FOR RENEWAL	: Annual	LICENSED FO	R 2013
	CLASS		YEAR
LICENSEE NAME: VILLA CAI	ABRESE, INC.		
DOING BUSINESS A FAZIO'S R	SISTORANTE & PIZZERIA	A	
ADDRESS 162 SHAKER RD			
CITY/TOWN: EAST LONGMEA	ADOW STATE: MA	ZIP CODE: 01028	3
MANAGER: FAZIO, ALDO R.	TYPE OF LICENSE: Res	staurant CATEGO	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED P			
FREE STANDING ONE STORY WAITING AREA, PIZZA KITCH			
RESTROOMS, FOUR ENTRANC		TILIN, ONE DIVING ROOM	TAND
Therefore and the second and the sec			
I hereby certify and swear under pe	1 0 0	same premises now licensed	Į .
	• 1	nonwealth relating to taxes;	
1	oen for business (If not explain	•	
SIGNED BY			
Individual, l	Partner or Authorized Corpo	orate Officer	
DATE:	PHONE NUMBER:	EMPLOYER IDENTIF	ICATION NUMBER:
IELE	PHONE NUMBER:	(Note: NOT Individual So	
W 4 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	. (1) (1		204 64
We the undersigned, attest that Acts of 2004, signed by the build			
named license and (2) the certific of 2010.	_	_	
Please Check Below:		LOCAL LICENSING AU	JTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 032800030	CITY OR TOWN EAST LONGMEADOW
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: DENARDO'S PIZZERIA & RESTAUL DOING BUSINESS A ADDRESS 39 MAPLE ST	RANT, INC
CITY/TOWN: EAST LONGMEADOW STATE: MA	ZIP CODE: 01028
MANAGER: DENARDO, TYPE OF LICENSE: REALDON ANDREA	estaurant CATEGORY: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR BEING AND E	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE FLOOR, TWO ROOMS, KITCHEN AND DINING AR RESTAURANT APPROX 2100 SQ FT AND KITCHEN AR EXIT IN FRONT OF RESTAURANT AND ONE ADDITION RESTAURANT. TO INCLUDE AN ADDITIONAL OUTS! 967 AQ. FT.	EA APPROX 518 SF. ENTRANCE AND NAL EXIT AT BACK OF THE
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	e same premises now licensed;
2. the licensee has complied with all laws of the Com	monwealth relating to taxes; and
3. the premises are now open for business (If not exp.	_
SIGNED BY Individual, Partner or Authorized Corp	orate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability instead of 2010.	d of the fire department for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800032	CITY OR TOWN EAST LONGMEADOW
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	S YEAR
LICENSEE NAME: PATSY'S PIZZA AND RESTAUR DOING BUSINESS A	ANT,INC.
ADDRESS 600 NORTH MAIN STREET	
CITY/TOWN: EAST LONGMEADOW STATE:	MA ZIP CODE: 01028
MANAGER: LIQUORI, TYPE OF LICENSE PASQUALE	E:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
FIRST FLOOR, TWO FRONT EXITS AND ONE REAF SMALL OUTDOOR SEATING AREA. ALL KITCHEN ON THE FIRST FLOOR. THE BASEMENT CONTAIN	AND FOOD PREPERATION AREAS ARE
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	or the same premises now licensed;
2. the licensee has complied with all laws of the	Commonwealth relating to taxes; and
3. the premises are now open for business (If not	explain below)
SIGNED BY Individual, Partner or Authorized 0	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	head of the fire department for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	032800033		CITY OR TOWN	AST LONG	JMEADOW
APPLICATION FOR	RENEWAL:	Annual	LICENSE	D FOR 201	13
		CLASS		Y	/EAR
DOING BUSINESS A					
ADDRESS 53 NORT					
CITY/TOWN: EAST	Γ LONGMEADOW STA	ATE: MA	ZIP CODE:	01028	
MANAGER: Chang	, Mike TYPE OF L	ICENSE: Rest	aurant CAT	EGORY:	All Alcohol
EMAIL ADDRESS:					
	LEASE ALSO VISIT OUR WEBSITE ANI	ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES:				
I hereby certify and sv	wear under penalties of perju	ıry that:			
	d license will be of the same	• 1	•		
	e has complied with all laws		=	axes; and	
3. the premise	es are now open for business	s (If not explai	in below)		
SIGNED BY	Individual, Partner or Auth	orized Corpor	rate Officer		
DATE:	TELEPHONE NUM	BER:	EMPLOYER II (Note: <u>NOT</u> Indivi		
Acts of 2004, signed	, attest that we are in poss by the building inspector : 2) the certificate of liquor	and the head	of the fire departme	nt for the a	bove
Please Check Below:			LOCAL LICENSIN	G AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	11)				
DATE:					



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LICENSE NUM	MBER: 032800035		CITY OR TOWN	EAST LONG	MEADOW
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 201	3
		CLASS		Y	EAR
	AME: Jaan Corporation NESS A Café Lebanon				
ADDRESS 000	060S HAKER ROAD				
CITY/TOWN:	EAST LONGMEADOW	STATE: MA	ZIP CODE:	01028	
MANAGER:	Kashouh, Nadim TY	PE OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREMI	SES:			
IN A HIGHLIC LICENCE;2 EN	7 SQ.FT.DESIGNATED A GHTED SECTION OF A MERGENCY ENTRANC IE EASTERKY SIDE(RE.	PLAN TO BE ATTA ES/EXITS ON THE	CHED T O & MAD	E PART OF T	HE
I hereby certify	and swear under penalties	of perjury that:			
1. the 1	renewed license will be of	the same type for the	same premises now	licensed;	
2. the l	licensee has complied with	all laws of the Com	nonwealth relating to	taxes; and	
3. the ₁	premises are now open for	business (If not expl	ain below)		
SIGNED BY	Individual, Partne	or Authorized Corpo	orate Officer		
DATE:	TEL EDUO		EMDI OVED	IDENTIFICATIO	M MI IMDED.
DITTE.	TELEPHON	E NUMBER:		ividual Social Sect	
Acts of 2004,	signed, attest that we are signed by the building in and (2) the certificate of	spector and the head	l of the fire departi	nent for the al	bove
Please Check Belo	ow:		LOCAL LICENS	ING AUTHOR	RITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 032800037		CITY OR TOW	N EAST LON	NGMEADOW
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS ADDRESS 173 SH		NCE		2422	
	ST LONGMEADOW	STATE: MA		01028	
	ROCHE, TYPE (CHARD A.	OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
DEGCD IDTION OF	PLEASE ALSO VISIT OUR WEBSIT		EMAIL ADDRESS		
APPROX 5000 SQ	F LICENSED PREMISES	:			
2. the licen	wed license will be of the see has complied with all sises are now open for bus	laws of the Con	nmonwealth relatin		
SIGNED BY	Individual, Partner or	Authorized Cor	porate Officer		
DATE:	TELEPHONE N	UMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 032800038		CITY OR TOWN	EAST LON	GMEADOW
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	ROMITO & SONS IN	IC.			
DOING BUSINESS	\mathbf{A}				
ADDRESS 21 NOR	TH MAIN STREET				
CITY/TOWN: EAS	ST LONGMEADOW	STATE: MA	ZIP CODE:	01028	
MANAGER: CAR	REY, SEAN P. TYPE	OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISES	S:			
•	swear under penalties of				
	ved license will be of the	• •	•		
	see has complied with all		•	o taxes; and	
3. the premi	ises are now open for bu	siness (If not expla	ain below)		
SIGNED BY					
SIGNED B I	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER	DENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
	ed, attest that we are in ed by the building inspe				
named license and of 2010.	(2) the certificate of liq	μοr liability insu	rance required by	Chapter 116	of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	a111 <i>)</i>				
DATE:					



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LICENSE NU	MBER: 032800039		CITY OR TOWN	EAST LONGMEADOW	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	AME: FUN DINING,INC.				
DOING BUSI	NESS A SPOLETO RESTA	URANT			
ADDRESS 84	CENTER STREET				
CITY/TOWN:	EAST LONGMEADOW	STATE: MA	ZIP CODE:	01028	
MANAGER:	COLLINS, TYPE WILLIAM MORGAN II	OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol	
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
	N OF LICENSED PREMISE				
	, REST. LOCATED AT EAS TIO 17FT X 40FT. TO EQU		W CENTER VILLA	GE; TO INCLUDE	
I hereby certify	y and swear under penalties of	f perjury that:			
1. the	renewed license will be of the	e same type for the	same premises now	licensed;	
2. the	licensee has complied with al	ll laws of the Comr	nonwealth relating to	taxes; and	
3. the	premises are now open for bu	usiness (If not expla	ain below)		
SIGNED BY	Individual, Partner or	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Ind	ividual Social Security Number)	
We the under	rsigned, attest that we are ir	n possession (1) the	e certificate require	ed by Chapter 304 of the	
	signed by the building insperent signed by the certificate of li				
of 2010.	(=)	1		F	
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				
DATE:			-		



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LICENSE NUI	MBER: 032800041		CITY OR TOWN	EAST LON	IGMEADOW	
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013)13	
		CLASS			YEAR	
LICENSEE NA	AME: HUANG GARDEN	I, INC.				
DOING BUSIN	NESS A ICHIBAN RESTA	AURANT				
ADDRESS 422	2 NORTH MAIN STREET	•				
CITY/TOWN:	EAST LONGMEADOW	STATE: MA	ZIP CODE:	01028		
MANAGER:	HUANG, HONG TYP MEI	PE OF LICENSE: Re	estaurant CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS			
	N OF LICENSED PREMIS					
	RY BUILDING OF APPRO APPROX. 931 SQ. FT. ENT					
I hereby certify	and swear under penalties	of perjury that:				
	renewed license will be of t		=			
	licensee has complied with		_	taxes; and		
3. the	premises are now open for	business (If not expl	lain below)			
GIGNED DV						
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer			
DATE:	TELEPHONE NUMBER:		EMPLOYER	EMPLOYER IDENTIFICATION NUMBER:		
				(Note: NOT Individual Social Security Number)		
Acts of 2004,	rsigned, attest that we are signed by the building ins e and (2) the certificate of	pector and the hea	d of the fire departı	ment for the	above	
Please Check Belo			LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVE (If disapproved						
(11 disappioved	i expiaiii)				_	
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800042			CITY OR TOWN EAST LONGMEADOW				
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013				
		CLASS			YEAR		
LICENSEE NA	AME: PRIDE CONVENIE	NCE INC					
DOING BUSIN	NESS A PRIDE MARKET						
ADDRESS 13	NORTH MAIN ST						
CITY/TOWN:	EAST LONGMEADOW	STATE: MA	ZIP CODE:	01028			
MANAGER:	BAIN, TYPE BERNADETTE	E OF LICENSE: Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular		
EMAIL ADDR	RESS:						
	PLEASE ALSO VISIT OUR WEB		EMAIL ADDRESS				
	N OF LICENSED PREMISE				_		
	PACE LOCATED AT 13 NO		E LEVEL WITH NO	BASEMEN'	Γ		
-	and swear under penalties or renewed license will be of th		a cama pramicae now	licensed:			
	licensee has complied with a		_				
	premises are now open for b		_	, turios, una			
SIGNED BY							
	Individual, Partner o	r Authorized Corp	orate Officer				
DATE							
DATE: TELEPHONE NUMBER:			EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)				
			(110te. <u>1101</u> mu	ividuai 50ciai 5	ecurity Number)		
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY		
APPROVED:			By:				
DISAPPROVE (If disapproved							
(11 disappioved	i expiaiii)				_		
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 032800043	C	CITY OR TOWN EAST LONGMEADOW			
APPLICATION FOR RENEWAL:	nnual	LICENSED FOR 2013			
C	LASS		•	YEAR	
LICENSEE NAME: THE BEER SHOP LTD					
DOING BUSINESS A					
ADDRESS 33 HARKNESS AVENUE					
CITY/TOWN: EAST LONGMEADOW STAT	E: MA	ZIP CODE:	01028		
MANAGER: CAUDILL, TYPE OF LIC RICHARD D.	ENSE:Packa	ge Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSITE AND EN	NTER YOUR EMAII	ADDRESS			
DESCRIPTION OF LICENSED PREMISES:					
PREMISES IS APPROX. 1,000 SQ.FT. RETAIL SI AND REAR EXIT. THERE IS NO BASEMENT	PACE ALL O	N LEVEL. FROM	NT ENTRAN	CE	
 the renewed license will be of the same ty the licensee has complied with all laws of the premises are now open for business (I 	f the Commor	wealth relating to			
SIGNED BY Individual, Partner or Author	ized Corporat	e Officer			
DATE: TELEPHONE NUMBE	ER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:			
DATE:					